

PLAINTIFF
Jovan D. Daniels

COURT CASE NUMBER
16-cv-00014

DEFENDANT
Illinois Department of Corrections, et al.

TYPE OF PROCESS
~~Amended Complaint~~ *Waiver*

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Illinois Department of Corrections
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
James R. Thompson Ctr, 100 W Randolph, Chicago, IL 60601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Margaret M. Borgia
Morrison & Morrison, PC
32 N West Street
Waukegan, IL 60085

Number of process to be
served with this Form 285 1

Number of parties to be
served in this case 5

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

This is a business address. Please serve during normal business hours. Telephone number: 312-633-5219

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
847-244-2660

DATE
6/28/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>3/5</i>	District of Origin No. <i>24</i>	District to Serve No. <i>24</i>	Signature of Authorized USMS Deputy or Clerk <i>P1D</i>	Date <i>07/10/18</i>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

FILED

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

JUL 30 2018

Date
07/26/18 Time
147 ☐ am ☒ pm

**THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT**

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee <i>65.00</i>	Total Mileage Charges including endeavors -	Forwarding Fee -	Total Charges <i>65.00</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Waiver of Service Accepted

DISTRIBUTE TO: 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

0211081- E THE SECRETARY PRIOR EDITIONS MAY BE USED